AMENDMENT TRANSMITTAL LETTER							Docket No. 09657/0200614-US0		
Applicatio	n No.	Filing I		Examiner		Art Unit			
10/823,994-Co	onf. #5002	April 13,		A. L. Hoey		3765			
pplicant(s): Yuji	Ota et al.								
vention: PANTS	GARMENT								
Fransmitted here	•	THE COMMI							
The fee has beer	n calculated an	d is transmitted	d as shown b	elow.			<u>_</u>		
			S AS AMENI	DED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate				
Total Claims	39	- 37 =	2	Х	50.00		100.00		
Independent Claims	5	- 3 =	2	х	210.00		420.00		
Multiple Depend	lent Claims (ch	eck if applicabl	e)						
Other fee (please specify): Extension for response within third month							,050.00		
TOTAL ADDIT	1	,570.00							
x Large Entity	<u>-</u>		<u> </u>		Small Entity	-	•		
No additiona	ıl fee is require	d for this amer	ndment.						
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	ne amount of \$		to cover	the filir	ng fee is encl	losed.			
x Payment by	credit card.								
X The Director as described	•	norized to charg	ge and credit	Depos	sit Account N	o. <u>04-</u>	0100		
X Credit ar	ny overpaymer	nt.							
x Charge a	y additional fili	ing or applicatio	n processing f	ees red	quired under 3	37 CFR 1.16	6 and 1.17.		
// / ///	kud				Dated:	October 12	2, 2007		
por fel									
Louis J. DelJuie Attorney/Agent		522							
Attorney/Agent DARBY DAR	Reg. No.: 47,	522							
Attorney/Agent	Reg. No.: 47,	522							
Attorney/Agent DARBY & DAR P.O. Box 770	Reg. No.: 47, BY P.C. Station								

PTO/SB/17 (10-07)
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Under the Paperwork Red	duction Act of 1995, tive on 12/08/2004,		quired to	respond to a collectio		ion unless it display plete if Know		control numbe	
Effec Fees pursuant to the Consolid	Application Nun		823,994-Conf. #5002						
FEE TR			April 13, 2004						
	First Named Inventor Yuji Ota								
Foi	Examiner Name		A. L. Hoey						
Applicant claims sm	Art Unit 3765								
TOTAL AMOUNT OF PAYM	IENT	(\$) 1,570.0	0	Attomey Docket	No.	09657/020061	57/0200614-US0		
METHOD OF PAYME	NT (check all th	nat apply)							
Check X Credit	Card M	oney Order	Noi	ne Other (please identif	ỳ): _	_		
Deposit Account De	posit Account Numb	er:04-0	0100	Deposit	Account Name	Darby	& Darby F	².Ç.	
For the above-ide	ntified deposit a	ccount, the Di	rector is	hereby authorize	ed to: (ched	ck all that apply)			
Charge fee((s) indicated belo	ow		Charge	e fee(s) ind	dicated below, e	xcept for th	ne filing fee	
	additional fee(s r 37 CFR 1.16 a		ments o	x Credit	any overpa	ayments			
FEE CALCULATION									
1. BASIC FILING, SEAR			S						
		S FEES Small Entity	SE	ARCH FEES	EXAMIN	IATION FEES			
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Pai <u>d (\$)</u>	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (inclu	-	. m - !					50	25	
Each independent claim of Multiple dependent claim		g Reissues)					210 370	105 185	
		ee (\$)	Fee I	Paid (\$)	M	ultiple Depende		165	
39 - 37 =		0.00 =		Paid (\$) <u>Multiple Deper</u> 0.00 <u>Fee (\$)</u>			Fee Paid (\$	s)	
HP = highest number of total of					_			•	
Indep. Claims Extra	a Claims Fe	e (\$)	Fee F	Paid (\$)				_	
53=	_2 × <u>2</u> 1	0.00 =	42	0.00					
HP = highest number of indepe	endent claims paid	for, if greater than	1 3 .						
3. APPLICATION SIZE FI If the specification and d listings under 37 CFF	lrawings exceed	l 100 sheets of	f paper of	(excluding electro	onically fil or small er	ed sequence or	computer dditional 5()	
sheets or fraction the						• /			
<u>Total Sheets</u> - 100 =	Extra Sheets			dditlonal 50 or frac			Fee F	<u> Paid (\$)</u>	
4. OTHER FEE(S)		50 =		(round up to a who	ne number)	*	Fees	Paid (\$)	
Non-English Specifica									
Other (e.g., late filing	surcharge)/12	53/Extensio	n for re	esponse within	third mo	onth	1,0: 	<u>50.00</u>	
SUBMITTED BY				District M					
Signature	Lex sh	M		Registration No. (Attorney/Agent)	47,522	Telephone	(212) 52	7-7791 	
Name (Print/Type) Louis J.	DelJuid)ce					Date	October 1	2, 2007	
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